

RECEIVED
SDNY PRO SE OFFICE

2021 DEC 13 AM 10:05

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Lamar Harvey

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

Crestmoor Psychiatric Center;
Office of Mental Health

COMPLAINT

Do you want a jury trial?

Yes No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

Federal Question

Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Access to the Court.

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of _____
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of _____
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

the State of

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Lamar B. Harvey
First Name Middle Initial Last Name

79-25 Winchester Blvd, Ward 9B

Queens Village, N.Y. 11427
County City State Zip Code

(718)264-5012 Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Creedmoor Psychiatric Center
 First Name _____ Last Name _____
N/A
 Current Job Title (or other identifying information)
39-25 Winchester Blvd., Woodside
 Current Work Address (or other address where defendant may be served)
Queens Village N.Y. 11427
 County, City _____ State _____ Zip Code _____

Defendant 2:

Office of Mental Health
 First Name _____ Last Name _____
Care Provider
 Current Job Title (or other identifying information)
44 Pearl Street + Holland AVE.
 Current Work Address (or other address where defendant may be served)
Albany N.Y. 12208
 County, City _____ State _____ Zip Code _____

Defendant 3:

First Name _____ Last Name _____
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
 County, City _____ State _____ Zip Code _____

Defendant 4:

First Name _____ Last Name _____

Current Job Title (or other identifying information) _____

Current Work Address (or other address where defendant may be served) _____

County, City _____ State _____ Zip Code _____

III. STATEMENT OF CLAIM

Place(s) of occurrence: Creedmoor Psychiatric Center

Date(s) of occurrence: November 5th, 2021

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

On or about November 5th, 2021 I requested access to a law-library so I could petition the Courts for redress of my grievances to Creedmoor Psychiatric Center's "Chief of Service", which was denied on the basis that: "Creedmoor Psychiatric Center does not have a law-library nor access to any legal material."

SEE-Exhibit 1.

Not having access to a law-library prevents me from conducting legal-research, obtaining legal materials and other privileges I should be afforded under the Federal constitution. So it seems these civil liberties of mine are exempt, and non-existent.

Additionally, my access to the Court issued(s) originates from my many requests for law-library access so I could

file a petition in the New York State Court of Claims, for an I pod that was stolen. Because I couldn't do research for this claim in a law-library I totally lost my case.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Mental anguish and stress related high blood pressure

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

An injunction to have Creedmoor provide a law-library and access to legal material.

Punitive damages for violation of federal constitutional rights, in the amount of: \$25,000.00.

Mandatory damages for violation of clearly established established law, in the amount of: \$225,000.00.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>11/26/2021</u>		
Dated	Plaintiff's Signature	
<u>Lamar</u>	<u>R</u>	<u>Hines</u>
First Name	Middle Initial	Last Name
<u>79-25 Winchester Blvd.</u>		
Street Address		
<u>Queens</u>	<u>Queens Village</u>	<u>N.Y.</u>
County, City	State	<u>11427</u>
<u>718-264-5012</u>	Zip Code	
Telephone Number	Email Address (if available)	

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

Form BPR 973A (MH) (10/01)

Ref. No: 11525709



PERSONAL NEEDS ALLOWANCE NOTICE (INPATIENT)

7/14/2021

Date HARVEY, LAMAR
 Patient 005 - 0125932
 "C" No. CREEDMOOR
 Facility 135
 Ward

For Patient Resource Use Only DATA ENTRY INSTRUCTIONS	
ELIG CODE	PNA AMT
1	\$ 35.00

0 = Unknown
 1 = Eligible for full PNA
 2 = Eligible for partial PNA
 3 = Not Eligible

Eligibility requirements: Available income less than the applicable SSI income allowance.
Assets less than the current SSI resources levels.
Residence for full calendar month.

You are eligible to receive a Personal Needs Allowance of \$ \$ 35.00
 Your first payment will be for the month of 06/2021 (provided you remain in the facility until the end of the month) and you can expect to receive the payment during the month of 07/2021.

Your Personal Needs Allowance is changed to \$ _____ effective the month of _____

You are not eligible for Personal Needs Allowance based on
 Your Income
 Your Assets
 Failure to Provide Information

A repayment in the amount of \$ _____ is due.

Remarks:

If you have any questions regarding this decision, contact the Patient Resource Office.

White — Patient Canary — Date Entry Pink — File

11/12/21

I Lamar Harvey requested to use the law library and law library material. My request was denied. The chief of service made this decision. He presides over Creedmoor psychiatric center.

writer,

Request date 11/5/21

Lamar Harvey
Lamar Harvey
S. Mobley

witness (T. T. L.)

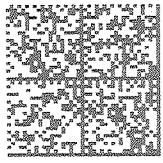
Treatment Team Leader

Addendum: The request was denied as Creedmoor Psychiatric Center does not have a law library nor access to any legal material.

S. Mobley

U.S. POSTAGE ▶ PITNEY BOWES

ZIP 11427 \$ 001.96⁰
02 4W
0000370823 DEC 08 2021

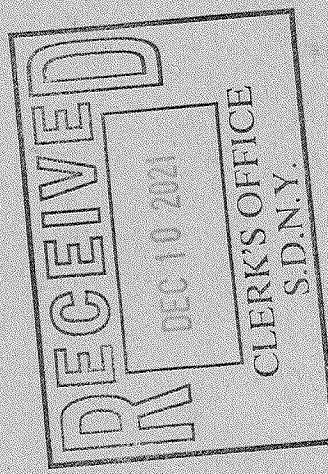


Lamar Harvey
79-25 Winchester Blvd.
Queens Village, N.Y. 11427

RECEIVED
SDNY PRO SE OFFICE
2021 DEC 13 AM 9:59

Southern District Courts

500 Pearl St.
N.Y., N.Y. 10007



USPS
USPS